

LR: 09 / 114
PCT/ FR00 / 1815

NAME: GOIRE
NAME: CHRISTIAN

PRIORITY CLAIMED (Y/N): Y
BASIC FEE (Y/N): N
ATTORNEY DOCKET NUMBER: T3006-906838
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000

RECEIPT DATE: 03 / 01 / 01
IA FILING DATE: 06 / 28 / 00
DELAY WAIVED (Y/N): Y
DEMAND RECEIVED (Y/N): Y
PRIORITY DATE: 07 / 01 / 99
US DESIGNATED ONLY (Y/N): N
COUNTRY:
TELEPHONE 0000000000
FAX

NAME: EDWARD J KONDRACKI
MILES & STOCKBRIDGE
STREET: 1751 PINNACLE DRIVE
SUITE 500
CITY: MCLEAN
STATE/COUNTRY: VA ZIP: 221023833
EMAIL:
APPLICATION TITLES:

METHOD FOR VERIFYING CODE TRANSFORMERS FOR AN ~~EMBEDDED SYSTEM~~ IN PART
~~ICULAR IN A CHIP CARD~~

see 1A

TAB TO LAST POSITION, PUSH SEND